PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Belock: I through 5 should be completed where appropriate All Intert correspondance including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address is indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPOND	For	Note: A certificate of maining can only be used for domestic mailings of the fee(s) fransmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
39905 ROETZEL AN 222 SOUTH MA AKRON, OH 44	AIN STREET		Cer	rtificate of l	Mailing or Transm	ission leposited with the United class mail in an envelope bove, or being facsimile e indicated below.		
				Debbie Low	е	i .	(Depositor's name)	
			_	Debo	م عند	owe	(Signature)	
			L	August 15,	2008	<u> </u>	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	OR ATTORNEY DOCK		Y DOCKET NO.	CONFIRMATION NO.	
10/560,293	10/560,293 03/21/2006		George C. Giakos	089498.0483.US		98.0483.US	3326	
TITLE OF INVENTION	: MULTISPECTRAL, N	MULTIFUSION, LASER-	POLARIMETRIC OPTI					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE T	OTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$720	\$300	\$0		\$1020	08/19/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS]				
UNDERWOOD, JARREAS C		2877	356-369000					
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address from FTO/SB1/2) attached. "Fee Address" indication (or "Fee Address" indication form FTO/SB4/7; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(I) the names of up to agents OR, alternated (2) the name of a sing registered attorney or 2 registered patent att	2. For printing on the patient front page, list (1) the names of up to 3 registered patient automays or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patient attorneys or agents. If no name is stitled, no name this printied.				
3. ASSIGNEE NAME A	ND RESIDENCE DAT.	A TO BE PRINTED ON	THE PATENT (print or ty	/pe)				
		tified below, no assignee pletion of this form is NO	data will appear on the p T a substitute for filing ar				ument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
The University of Akron Akron, OH								
Please check the appropr	riate assignee category o	r categories (will not be p	rinted on the patent) :	Individual 🐉 C	orporation o	or other private grou	p entity Government	
4a. The following fee(s)	No small entity discount		Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by recitit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number Sp.—19650 — (enclose an extra copy of this form).					
	s SMALL ENTITY stat	us. See 37 CFR 1.27.	☐ b. Applicant is no lo	nger claiming SMA	LL ENTITY	Y status. See 37 CFF	R 1.27(g)(2).	
Authorized Signature	4.	$\overline{}$	d from anyone other than coffice.	Date Aug				

Typed or printed name Coorge W. Moxon II

This collection of information is required by 3 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 1.22 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this butened, should be sent to the Chef Information Officer, U.S. Patternated (C.U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22315-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.